

Professional Licensing Agency
 402 West Washington Street
 Room W072
 Indianapolis, IN 46204



Eric J. Holcomb
Governor of Indiana
Lindsay M. Hyer
PLA Executive Director

Veterinary Technician Registration Inactive Reinstatement

To reinstate your inactive veterinary license, send this form with the reinstatement fee of \$15.00 and required CE documentation to the address above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to any disciplinary question below, send a detailed statement regarding the response with your renewal form.

| LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address | | | |
|--|---------------|-------------------------|-----------------|
| Licensee Name | | License Number | Expiration Date |
| Renewal Fee | | | |
| Street Address | | | |
| City | State | Zip Code | |
| Phone Number | Email Address | | |
| QUESTIONS | | | |
| 1. Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state or U.S. territory? | | | YES NO |
| 2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state or U.S. territory? | | | YES NO |
| 3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state or U.S. territory? | | | YES NO |
| 4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action? | | | YES NO |
| 5. Since you last renewed, have you been denied staff membership or privileges in any hospital or clinic or have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations? | | | YES NO |
| 6. Have you engaged in the practice of veterinary technology in the State of Indiana since the inactivation of your Indiana veterinary technician registration? | | | YES NO |
| LICENSEE AFFIRMATION | | | |
| I hereby swear or affirm under the penalties of perjury that I have met the continuing education requirements for renewal, understand the Indiana Board of Veterinary Medical Examiners statutes and rules and have answered the questions true to the best of my knowledge. | | | |
| Signature of Licensee | | Date (month, day, year) | |

For additional information, please visit us at www.in.gov/pla/.

| FOR OFFICE USE ONLY | | |
|----------------------------|-------------|------|
| Renewal Fee | Receipt No. | Date |